

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
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TOTAL IND.	2					
TOTAL DEP.	17	◀	◀	◀		
TOTAL CLAIMS	19	██████	██████	██████	██████	██████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			◀	◀		
TOTAL DEP.			◀	◀	◀	
TOTAL CLAIMS		██████	██████	██████	██████	██████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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